What’s New or Updated: Added links to relevant System Guides on identifying and managing possible exposure incidents. Incorporated definitions of exposure from OSHA COVID-19 Emergency Temporary Standard.

This interim guidance applies to ministries who provide hemodialysis to their Health Service Areas (HSAs) in the outpatient setting.

These recommendations should be used with the CDC’s Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19).

Ministries that contract services for dialysis should ensure that the vendor’s COVID-19 policies and procedures include the following CMS/CDC recommendations to include early recognition and isolation of individuals with respiratory infection who must undergo dialysis treatments.

SCREENING

- Healthcare Personnel (HCP) should instruct outpatients (e.g., during appointment reminder calls) they need to call ahead to report symptoms of SARS-CoV-2 infection or close contact in the last fourteen days with someone with SARS-CoV-2 infection so the facility can be prepared for their arrival or triage them to the appropriate setting.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

- Ensure that everyone (patients, HCP, visitors - including those fully vaccinated for COVID-19) is screened for symptoms, including fever, of COVID-19 or has had close contact with someone with SARS-CoV-2
infection - **before** they enter the treatment area and ensure they are practicing source control (covering their nose and mouth with either a cloth face covering (i.e. patients or visitors) or a facemask (colleagues and patients or visitors if they do not have their own face covering).

- Patients should wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a cloth face covering or procedure mask, as supplies allow.

- Refer to COVID-19 Visitor Restrictions for permitting or restricting visitors.
  - Patients may remove their cloth face covering if placed in an enclosed room but should put it back on when around others or leaving their room.
  - Patients may also remove their face covering to eat or drink, but should put the covering back on when finished.

- Facilities should provide patients and staff with instructions (in appropriate languages) and post signage about hand hygiene, respiratory hygiene, and cough etiquette.
  - Instructions should include how to use face coverings (patients) or appropriate respiratory protection (staff) or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
  - Facilities should have the following supplies nearby to ensure adherence to hand and respiratory hygiene, and cough etiquette. These include tissues and no-touch receptacles for disposal of tissues and hand hygiene supplies (e.g., alcohol-based hand sanitizer).

**PATIENT FLOW:**

- Facilities should have space in waiting areas for ill patients to sit separated from other patients by at least 6 feet. Medically-stable patients who do not have other care needs could be asked to wait outside the healthcare facility. When the patient is the next to be seen, staff can contact the patient by mobile phone.

- Airborne Infection Isolation Rooms (AIIR) while not required for the care and isolation of an infected patient, should be prioritized, if available, for patients who are actively ill or receiving aerosol-generating procedures.

- Patients with respiratory symptoms should be escorted to a designated treatment area for evaluation as soon as possible in order to minimize time in common waiting areas. If they must wait, facilities should ensure the following:
  - Patients with confirmed SARS-CoV-2 infection can be cohorted together (e.g., in the same waiting room); however, they should maintain at least 6 feet of separation from other patients at all times in the dialysis facility.
  - Patients with suspected SARS-CoV-2 infection and patients who have had close contact with someone with SARS-CoV-2 infection should also maintain at least 6 feet of separation from each other and from other patients at all times in the dialysis facility.

- Separation should be maintained in the treatment area. Facilities should consider separating all patients by 6 feet during dialysis treatments, especially in areas with moderate to substantial community transmission.
  - Ideally, a patient with suspected or confirmed SARS-CoV-2 infection or who has reported close contact would be dialyzed in a separate room (if available) with the door closed.
    - Hepatitis B isolation rooms should only be used for these patients if: 1) the patient is hepatitis B surface antigen positive or 2) the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.
    - If a separate room is not available, the patient should be treated at a corner or end-of-row station, away from the main flow of traffic (if available). The patient should be separated by at least 6 feet from the nearest patient stations (in all directions).
PPE SPECIFIC TO DIALYSIS

All clinicians and colleagues must use PPE as outlined in the PPE Guide Booklet while in Trinity Health facilities.

- The isolation gown should be worn over or instead of the dialysis cover gown (i.e., laboratory coat, gown, or apron with incorporated sleeves) that is normally worn by hemodialysis personnel. If there are shortages of gowns, they should be prioritized for initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station.

- When gowns are removed, place the gown in a dedicated container for waste or, if reusable, in soiled linen container, before leaving the dialysis station. Disposable gowns should be discarded after use. Reusable gowns should be laundered after each use.

CLEANING AND DISINFECTION:

Any surface, supplies, or equipment (e.g., dialysis machine) located within 6 feet of symptomatic patients should be disinfected or discarded.

- Routine cleaning and disinfection are appropriate for COVID-19 in dialysis settings.
- Ensure that disposable items taken into the dialysis station or room are disposed of properly.
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Refer to EPA's List N on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program from use against SARS-CoV-2.
- Facilities should provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse’s stations, phones, internal radios, etc.).

TESTING:

- If possible, facilitate testing for COVID-19 for patients who experience symptoms of acute respiratory infection receiving dialysis services at the affiliated acute care ministry Clinical Lab or other available testing laboratory. These patients would be at high risk of severe COVID-19 and therefore are a priority for testing. Early detection of COVID-19 may also help prevent a cluster in the dialysis unit population.

MANAGEMENT OF NEWLY IDENTIFIED PATIENTS AND HCP WITH SARS-CoV-2 INFECTION

General Guidelines:

- Facilities should have a process to respond to patients or HCP with newly identified SARS-CoV-2 infection, including assessing risk to others in the facility who may have had close contact with infected individuals.

Refer to Contact Tracing for Trinity Health Colleagues guide for investigating and managing an exposure incident involving patients and or HCP. Patients and other HCP who were in close contact, meaning within 6 feet of the person with COVID-19 for a cumulative period of 15 minutes or more over a 24 hours period without wearing required PPE are considered potentially exposed. The potential transmission period runs from 2 days...
before the person with acute COVID-19 felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.

- In general, patients that meet criteria for exposure above should be dialyzed physically separated from other patients by at least 6 feet and cared for by HCP using PPE as required. (See PPE Guide Booklet)
  - Patients are considered exposed even if they were wearing face covering or facemask.
  - HCP meet criteria for exposure if they were not wearing PPE as required in the PPE Guidebook when caring for PUI or patient in isolation for COVID-19. Refer to colleague-exposure-assessment-tool.pdf (trinity-health.org) for managing colleagues with exposure.

- Exposed patients determined to be close contacts should be advised to self-quarantine at home for 14 days after their last contact with someone with SARS-CoV-2 infection, other than when they need to leave their home for hemodialysis treatments or other necessary medical appointments.

- If the exposed patient develops SARS-CoV-2 infection, they should be cared for using all recommended PPE for SARS-CoV-2 until the patient meets criteria for discontinuation of transmission-based precautions.

If the infected individual is a patient:

- Other patients who were within 6 feet of the infected patient for at least 15 cumulative minutes should be considered potentially exposed, even if cloth face coverings or respiratory protection were worn. In general, exposed patients should be dialyzed separated from other patients by at least 6 feet and cared for by HCP using recommended PPE (see PPE Guide Booklet) until 14 days after the patient’s last exposure.
- Contact Infection Prevention for additional guidance with identifying and managing exposure incidents

IDENTIFYING OUTBREAKS

- If an outbreak is suspected refer to the Identification, Management & Control of Possible Outbreak or Clusters of COVID-19 for actions needed to prevent and control transmission of SARS-CoV-2 in this setting. Notify local public health authorities of suspected or confirmed outbreaks in the dialysis facility.

References: